

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Facility Information

Facility Name: OUR PLACE INC (0010204)

Address: 215 EAST DIVISION STREET, EAGLE RIVER, WI 54521

License Status: REGULAR

Licensed/Certified/Registered 05/01/2004

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0097013 **End Date:** 04/06/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009554 Served 05/25/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM		
83.14(7)(b)	CONTINUING EDUCATION		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION		
83.33(2)(c)	LEISURE TIME ACTIVITIES		
83.41(5)(a)5	BATHROOMS SHALL BE CLEAN		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Survey ID: 0092690 End Date: 05/13/2004 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009280 Served 06/09/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	04/03/2006	Yes
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	04/03/2006	Yes

Survey ID: 0091093 End Date: 09/18/2003 Type: INITIAL Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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Enforcement History

Date: 05/24/2006 SOD #10009554 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(7)(b)

FORFEITURE---83.33(2)(c)

Date: 06/04/2004 SOD #10009280 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

PROVIDE TRAINING

FORFEITURE---13.05(3)(a)

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Provider Inspection Summary

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Complaint History

Date Complaint Received: 02/22/2006

Date Investigation Completed: 04/03/2006

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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